## **MULTIPLE DEPENDENT CLAIM** FEE CALCULATION SHEET

SERIAL NO. 10/586,770 FILING DATE 7-20-06

(FOR USE WITH FORM PTO-875)

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44 95 45 96 46 97 47 98 48 99 49 100 50 TOTAL TOTAL IND. IND. TOTAL TOTAL DEP. DEP. TOTAL TOTAL **CLAIMS** CLAIMS

PTO - 1360 (REV. 11/04)

Barbara Campbell, PCT National Stage

94

U.S. DEPARTMENT of COMMERCE

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